

Please type a plus sign (+) inside this box → ☐

express mail # EK 820398566 US

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	12 February 2001
First Named Inventor	John E. Cronin
Group Art Unit	
Examiner Name	
Attorney Docket Number	ipCG-508

I hereby appoint:

☐ Practitioners at Customer Number →

Place Customer
Number Bar Code
Label here

☒ Practitioner(s) named below:

Name	Registration Number
Bill Barrett	42,296
Alike Collins	43,558
Michael Baffa	42,279
Ryan Simmons	43,848

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

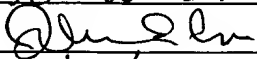
<input type="checkbox"/> Firm or Individual Name	ip Capital Group, Inc.				
Address	400 Cornerstone Dr., Suite 325				
Address					
City	Winston	State	VT	Zip	05495
Country					
Telephone	802-872-3200	Fax	802-258-9468		

I am the:

☒ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	John E. Cronin
Signature	
Date	2/12/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.